

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10907 (6)

1. Corporation Name

EMERALD SHORES OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19504 W FRONT BEACH ROAD
P.O. BOX 7471
LAGUNA BEACH FL 32413-0807

19504 W FRONT BEACH ROAD
P.O. BOX 7471
LAGUNA BEACH FL 32413-0807



3. Date Incorporated or Qualified
08/29/1985

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAGNER, E.G.
1501 TROUT LANE
LAGUNA BCH. FL 32413

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

E.G. Wagner
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME HARRIS, SHIRLEY P.
STREET ADDRESS 1860 VALGREEN LN.
CITY-ST-ZIP HOOVER AL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME KREY, KAREN
STREET ADDRESS 2008 PEARL AVE.
CITY-ST-ZIP ALBANY GA ☐ DELETE

1.2 NAME ☐ Change ☐ Addition

TITLE D
NAME BRADBERRY, T.J.
STREET ADDRESS 1841 ENID DRIVE
CITY-ST-ZIP LITHONIA GA ☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE PMD
NAME WAGNER, E.G.
STREET ADDRESS 1501 TROUT LANE
CITY-ST-ZIP PANAMA CITY BEACH FL ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HARRISON, DELBERT
STREET ADDRESS 806 GILES DR
CITY-ST-ZIP HUNTSVILLE AL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME SIMMS, JAMES L.
STREET ADDRESS 2431 FRANKFORD AVE
CITY-ST-ZIP PANAMA CITY FL ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E.G. Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

Date

Daytime Phone #

904-225-1645